



*Delaware Insurance Department  
 841 Silver Lake Boulevard  
 Dover, Delaware 19904-2465*

**AUTHORIZATION AGREEMENT  
 FOR ELECTRONIC FUNDS TRANSFER.**

**ALL COMPANIES CHOOSING TO PARTICIPATE IN ELECTRONIC FILING  
 OF PREMIUM TAXES MUST COMPLETE AND RETURN THIS FORM.**

**If you have any questions, contact Mrs. Ann Fletcher, Tax Coordinator, at (302) 739-4251, ext. # 172.**

If the company chooses to participate in electronic funds transfer for payment of premium taxes, this form must be completed and returned to (received by) the Delaware Insurance Department at the address shown **before** electronic filings can commence. Only those companies that return this completed form marked YES will be authorized to participate. Participating companies MUST follow the attached instructions exactly.

***Companies previously authorized do not need to return this form unless there is a change in filing status.***

		Does this company wish to pay premium taxes electronically via ACH Credit?										
NAIC #	FEIN #	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate anticipated setup date for \$.01 test.:    ___/___/___										
COMPANY NAME												
TAX MAILING ADDRESS												
CONTACT PERSON												
TELEPHONE #		(    )										
_____ <i>C</i> SIGNATURE OF OFFICER                      DATE		DO NOT WRITE IN THIS SPACE <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>										
_____ NAME AND TITLE (type or print)												